

Indiana Department of Environmental Management Voluntary Remediation Program Application and Instructions

How Is the Information I Submit Used?

The information provided on the Application is used to determine an Applicant's eligibility for participation in the Voluntary Remediation Program (VRP). It also serves as an initial summary of site conditions, defines the scope of the investigation/remediation, and identifies both the contaminants and media targeted for remediation efforts. The Application assumes that the applicants have already done an Environmental Site Assessment or similar investigation.

These instructions pertain to the Voluntary Remediation Program Application Form 472710 (R2 / 8-01). The VRP application must be completed providing all requested information as currently known to the applicant. Failure to provide the requested information is grounds for application rejection. The application and its information will receive confidential treatment until the Voluntary Remediation Agreement (VRA) is signed. Neither the application nor any information which comes from this application will be made available to the public until the VRA is signed.

The application may be filled out in different ways. You may fill the application out by hand, type it or complete it on your word processor. At this time, VRP is not capable of taking your application on-line due to the signature requirement.

Application Fee

Indiana Code 13-25-5-2 establishes a \$1,000.00 fee that must be submitted along with the completed Application Form. However, a political subdivision is not required to submit an application fee. The VRP cannot process the Application until a program applicant submits the fee. Please make checks payable to the *Voluntary Remediation Program Fund* and reference Account # 2680-110000-421400 in the check memo blank.

Where Should I Send My Application?

Send a brief cover letter, two (2) copies of the completed Application Form (both with original signature) and the application fee to:

**Indiana Department of Environmental Management
Cashiers Office IGCN-1340
100 N. Senate Ave
P.O. Box 7060
Indianapolis, Indiana 46207-7060
(317) 233-0604**

*If you require assistance in filling out the Application Form, please contact the Voluntary Remediation Program at (317) 234-0973 or (800) 451-6027.

What Happens to the Application?

Upon receipt, the Cashier's Office will process the application fee. They will generate and provide a receipt to the applicant, and assign a unique project number to the application. The application is then sent to the VRP to begin an internal enforcement check. This enforcement check consists of contacting other IDEM programs and inquiring about the proposed VRP project and any enforcement actions which may be pending.

If any of the following apply to the proposed VRP project, then the application may be rejected:

- \$ A state or federal enforcement action concerning the proposed cleanup is pending;
- \$ A federal grant compels IDEM to take enforcement action;
- \$ Conditions at the site are considered an imminent and substantial threat to human health or the environment; or
- \$ The application is incomplete

How Long Will it Take to Process My Application?

VRP has 30 days to determine the eligibility of an applicant. Incomplete applications will be returned to the Applicant within 45 days of receipt, with the missing information identified. After revisions, Applicants may resubmit the form. Upon approval, the VRP will send a formal letter identifying the assigned VRP project manager and project number to the applicant's contact as listed on the application.

Voluntary Remediation Program Application Instructions

General Information (located in the upper right hand corner)

Project Number - For IDEM Internal Use Only, please leave blank

Section 1 - VRP Project Information

Voluntary Remediation Applicant - The applicant is the person or group who is guiding the remedial activities at the site and will receive the Covenant Not To Sue upon completion of remediation activities. Indicate the name, mailing address, city, state, zip code, telephone number, fax number and e-mail address (if applicable) of the applicant. (If this site has multiple applicants, please supply a Co-Applicant Attachment page from Section 3 **for each** additional applicant.) Please be accurate: the Certificate of Completion and Covenant Not To Sue will be issued under the name **exactly** as it appears on the application form.

Applicant's Billing Contact - Complete this section with the proper billing address for the applicant. This contact will receive the cost recovery invoices from IDEM for payment. If the applicant's billing contact is the same as the applicant, please indicate this by marking the circle.

VRP Project Name and Location - This is the name and address of the facility that will be the subject of the remediation as listed in official records (Examples: Smith Chemical; Former Jones Service Station; or Metals-R-Us Waste Lagoon #2).

If precise street address is unavailable, enter a brief direction identifier, e.g., NW jct I-295 & US23. Please see Attachment C for providing the proper UTM Coordinates. **Also provide the EPA ID# in the space provided.** Provide any existing facility federal identification number (EPA hazardous waste generator or CERCLIS). This should be a 9 digit number starting with IND. If unknown or does not apply, please so state.

Applicant's Technical Contact - Identify the contact person responsible for overseeing the implementation of remedial activities at the facility. All correspondence from the VRP will be sent to the person identified.

Applicable Facility Standard Industry Code & Description - Identify the Standard Industrial Classification (SIC) associated with the facility's operations along with a written description (SIC Code Descriptions can be provided).

Anticipated Future Facility Use - Indicate the most likely future use of the site.

Years of Current Facility Operation - If known, provide the years of current facility operation. If known, provide the total years the site has been utilized by current and historic operations or activities. Check AUnknown® if years of operation are unknown.

Current Facility Status - Indicate the site's current operational and transactional status. Check all that may apply.

Official State Date Stamp- Please leave blank.

Other IDEM Offices- Please identify if the site in question has any connection to any other IDEM offices (current or historic). If Yes, please fill in the corresponding attachment page(s) in Section 3 and supply as Attachment D.

Ultimate Goal of Remediation Action - Indicate area(s) of voluntary remediation efforts. If a portion of the facility is slated for remediation, then the area should be identified on an appropriate site map(s) and provided as Attachment A to the Application. A professional survey of the area can also be provided as supplemental information in Attachment B. Program participants must eventually supply a professional survey in the Completion Report at the end of the project. This information will be reflected in the Certificate of Completion and Covenant Not To Sue.

Contaminant Source Size - If known, please indicate the horizontal source area. This information is useful for determining the level of investigative effort along with appropriate project completion requirements. Contaminant source size is determined by measuring the length of the longest distance between soil borings or monitoring wells at which the contaminants of concern are less than or equal to the Tier I Residential 0.5 acre cleanup level. This distance is squared and the resulting area is compared to the 0.5 acre area (21,780 ft²). If the distance is greater than 148 feet, then the source size is greater than 0.5 acres. If unknown, please check the appropriate oval.

Known or Anticipated VRP Project Hazards/Conditions - Mark the appropriate oval(s) to indicate the hazards posed by the VRP project, or its contaminant(s). If the VRP project or its contaminant(s) pose no unusual hazard, mark ANone®.

Project Investigation Status - Indicate status of any site investigation as related to contaminant and/or area to be voluntarily remediated at time of program application.

Project Remediation Status - Indicate status of any site remediation as related to contaminant and/or area to be voluntarily remediated at time of program application.

Site Tax Status- Please indicate if the site is applying for a State Tax Credit and if the site may receive a waiver of state taxes.

State Form 47271 (R2 / 8-01): Instructions

Documents Anticipated To Be Submitted for VRP Review - Please indicate the anticipated documents that will be reviewed by the VRP. The requested level of VRP effort will be reflected in the VRP oversight cost estimate provided with the Voluntary Remediation Agreement. Both the Remediation Work Plan and the Remediation Completion Report are standard program documents and must be submitted by all applicants.

Property Ownership- Please indicate if you (applicant) own this site and if not, whether you have legal access to it.

Constituents of Concern, Media and Cleanup Goals- Use the supplied table to indicate the Constituents, Media, Cleanup Goals and Guidance that have been selected for this project. Answers are non-binding and can be altered at a later date. This information will be ultimately reflected on both the Certificate of Completion and The Covenant Not To Sue. *Please see following example....

*Site wishes to enter the VRP to achieve RISC Nondefault closure for VOCs in Soils and Groundwater using the RISC Guidance. (See below)

RISC GUIDANCE

CONSTITUENTS OF CONCERN	MEDIA	Residential Default	Non-Residential Default	Nondefault	Undetermined
VOCs	Surface Soils			X	
	Subsurface Soils			X	
	Groundwater			X	
	Sediments				

Local Drinking Water Supply - Indicate the source(s) of local drinking water closest to the facility. This must include, at a minimum, all adjoining properties and communities. Indicate whether municipal and/or private/residential water supplies.

Local Drinking Water Supply Distance From Facility - Please identify the distance from the facility to the previously identified *closest* drinking water source.

Local Surface Water Bodies Near Facility - Indicate the closest type of surface water body that may be near the facility.

Local Surface Water Bodies Distance From Facility - Please identify the distance of this water body from the facility.

On-Site Water Supply and Usage- Please identify the types of on-site water supply and usage.

Site Specific Depth to Ground Water - Use information already gathered from previous site investigation(s). If unknown, please mark the oval.

Site Specific Principle Ground Water Flow Direction - Use information already gathered from previous site investigation(s). If unknown, please mark the oval.

Chronological Summary and Conclusions - Provide the following information in as much detail as space allows. Use all headings. A lack of a response will jeopardize the application's completeness.

Facility Operational History - Indicate past operational activities associated with the facility. If known, please identify all companies, years of operation and type of operations for the past 50 years.

Past Spill History - Identify all past spill incidents associated with the facility that relate to the contaminant(s) targeted for this project. Please include dates and IDEM incident numbers assigned to the spill and cleanup status. If the facility has no spill history, mark the oval and do not write in the spaces provided.

Geologic Information - Indicate, where known and preferably from previous site specific investigation(s), basic soil information. To include, but not belimited to, the following items: site soil stratigraphy, lithologic descriptions or USDA soil textures, Munsell soil color, sedimentary contacts, etc.

Hydrogeological Information - Indicate, where known and preferably from previous site specific investigation(s), basic hydrogeological information, to include, but not be limited to, the following items: depth to groundwater, flow direction, hydraulic conductivity, transmissivity, storativity, confined or un-confined conditions, porosity, average linear velocity, etc.

State Form 47271 (R2 / 8-01): Instructions

Off-Site Migration and Pathways - Identify all known and potential off-site contaminant migration and preferential migration pathways (utility lines, sand seams, etc.). If no off-site impacts are known, mark the oval and do not write in the spaces provided.

Miscellaneous Environmental Information - Please mark the ovals that identify informational resources that were used to assist in completing this application. Include report titles and dates. Indicate if an imminent or substantial threat resulting from the contaminants described in the application is present. Give explanations if needed, and proceed with steps to mitigate the threat. If additional space is necessary, please attach a bibliography as an Attachment.

Section 2 - Statement of Certification

Statement Of Certification - Before signing the application, please read the highlighted box. All applications must be signed and dated in ink. No signature photocopies will be accepted.

Attachment Information:

Attachment Information - The application will not be considered complete unless the information asked for in the following attachments is provided.

Attachment A: VRP Project Map - All facilities are required, at a minimum, to provide a map of the facility. Map(s) must include, but are not limited to, the following: illustrated legends and compass directions; an appropriate scale to depict the VRP project area; identified above ground features (buildings, roadways, property lines, etc.); if known, horizontal and vertical plume identification; geologic cross sections showing the watertable and vertical plume identification; groundwater flow direction; sample locations along with concentrations, etc.

Attachment B: Legal Description - Provide a clean copy (without company headers, footers, or watermarks) of the legal description of the entire facility. If a portion of the facility is slated for remediation, then the area must be identified on an appropriate site map(s) and that area's legal description will have to be provided in either written or digital format (please include the facility street address, township, range, section, direction lines, distances, etc...). A professional survey or GPS collected UTM coordinates of the area can also be provided as supplemental information. If currently not available, program participants must supply a professional survey or GPS coordinates in the Completion Report at the end of the project. This information will demonstrate the area(s) covered by the Certificate of Completion and Covenant Not To Sue.

Attachment C: Facility UTM Coordinates - IDEM staff request that contractors, consultants and/or responsible parties submit Universal Transverse Mercator (UTM) coordinate(s) (easting and northing) for each VRP facility. All facilities are asked to provide coordinates for at least one *property access point* (i.e. driveway, property gate) along the property boundary. This information will be used in IDEM's Geographic Information System and is required to meet EPA's Locational Data Policy. The UTM's can be collected using: 1) Global Positioning System (GPS) mapping grade equipment, 2) GPS survey grade equipment, 3) Topographic map interpolation, or 4) traditional surveying.

If GPS equipment is used then the following information must be provided by the contractor and reflected in Attachment C: 1) How the UTM was collected (i.e. GPS); 2) Where was the UTM collected (at common property access point - front gate); 3) Accuracy of the UTM; 4) Date the UTM was collected; 5) GPS Model used; 6) GPS data postprocessed (yes or no); 7) Manufacturer's GPS accuracy specifications; 8) Datum (should be NAD83); and 9) Zone (should be 16).

Accuracy information should be provided for all UTM's regardless of how they are collected. This information is required to meet the Federal Spatial Data Transfer Standard (SDTS) and IDEM's Method Accuracy Description (MAD) Information Coding guidance.

Attachment D: This is made up of any additional pages required by the application from Section 3. This could include Co-Applicant Page(s), or any of the pages supplying information on other IDEM offices that may be connected to this site.

CONFIDENTIAL**Voluntary Remediation Program Application**

Return
Completed
Application To:

Indiana Department of Environmental Management
Cashier-s Office IGCN-1340
100 North Senate Avenue
P.O. Box 7060
Indianapolis, IN 46207-7060
(317) 233-0604

Project Number:

6|_|_|_|_|_|_|_|

Account #: 2680-110000-421400

Pursuant to Indiana Code 13-25-5-2, this application to the Voluntary Remediation Program (VRP) will receive confidential treatment up until the Voluntary Remediation Agreement (VRA) is signed. Neither this application nor any information which comes from this application will be made available to the public until the VRA is signed. However, any material submitted to or generated by the VRP after the VRA is signed will be considered IDEM public record.

Section 1 - VRP Project Information

Voluntary Remediation Applicant
(Name to appear on the Covenant Not To Sue)

Applicant-s Billing Contact
(If Same As Applicant, Please Mark Here ())

Applicant Name:		Owner Name:	
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone & Fax:		Phone & Fax:	
E-Mail:		E-Mail:	

VRP Project Name and Location

Applicant-s Technical Contact
(All Correspondence Will Be Sent to Person Identified)

Facility Name:		Company:	
Mailing Address:		Contact Person:	
City:		Mailing Address:	
Zip Code:		City, State, Zip:	
County:		Phone & Fax:	
EPA ID Number:		E-Mail:	

Applicable Facility Standard Industry Code(s) & Description(s):

SIC Number: _____

Description: _____

*Please provide information on an additional page if there are not enough spaces for entries.

Anticipated Future Facility Use:

- ☐ Residential
- ☐ Non-Residential
- ☐ Currently Undetermined

Years of Current Facility Operation:

_____ Years (Current Operation) ☐ Unknown

_____ Total years site has been in use (Current and historic)

Current Site Status

- ☐ Undergoing Property Transfer ☐ Residential
- ☐ Active Operations ☐ Commercial/Industrial
- ☐ Inactive Operations

Official State Use Only
Date Stamp

Other IDEM Offices:

Does this site have a previous history with the Voluntary Remediation Program? ☐ Yes (if yes, please attach appropriate page from Section 4)
☐ No

Is this application the result of a referral from, or under the jurisdiction of, another IDEM office?

☐ Yes (If yes, indicate which office.) ☐ No

- ☐ Brownfields Program
- ☐ RCRA / Corrective Action
- ☐ Emergency Response/ Remedial Response Program
- ☐ Leaking Underground Storage Tanks (LUST) / Underground Storage Tanks (UST)
- ☐ State Cleanup Section
- ☐ Office of Enforcement
- ☐ Office of Solid Waste (Landfills)
- ☐ Site Investigations (SI)
- ☐ Other Office: Office: _____ Incident# (if applicable) _____

IDEM Contact Name: _____ Phone #: _____

***If you checked any of the programs above, please attach appropriate pages from Section 3 in Attachment D.**

Ultimate Goal of Remediation Action

- ☐ Limited Portion(s) of the Property
- ☐ Entire Property

**Contaminant Source Size
(defined to appropriate Health Protective Levels):**

- ☐ Currently Undetermined
- ☐ less than or equal to 0.50 acre
- ☐ greater than 0.50 acre

Known or Anticipated VRP Project Hazards/Conditions:

- ☐ None ☐ Infectious Materials ☐ Radioactivity ☐ Confined Spaces ☐ Explosive Conditions
- ☐ Reactive Materials ☐ Known Off-Site Contamination ☐ Other: _____

**Project Investigation
Status:**

- ☐ None
- ☐ Ongoing
- ☐ Complete

**Project
Remediation
Status:**

- ☐ None
- ☐ Ongoing
- ☐ Complete

Site Tax Status

1. Are you applying for an Indiana State Tax Credit? ☐ Yes ☐ No
2. Are you submitting this application for the purpose of receiving a waiver of state taxes from the State Tax Commission? ☐ Yes ☐ No

**Documents Anticipated To Be Submitted for VRP
Review: (Please Check all that will apply)**

- ☐ Phase II Investigation Work Plan
- ☐ Phase II Investigation Report
- ☒ Remediation Work Plan (VRP requirement)
- ☐ Site Specific Risk Assessment
- ☒ Remediation Completion Report (VRP requirement)

Property Ownership

Do you own this property? ☐ Yes ☐ No (If no, answer next question)

If not, do you have legal access rights to this property from the property owner?

☐ Yes ☐ No

Constituents of Concern, Media and Cleanup Goals
(CHECK ALL THAT MAY APPLY)

RISC GUIDANCE

CONSTITUENTS OF CONCERN	MEDIA	Residential Default	Non-Residential Default	Nondefault	Undetermined
BTEX	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
OTHER VOCs	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
PAHs	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
OTHER SVOCs	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
LEAD	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
OTHER METALS	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
CYANIDE	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				

*Continued on next page

Constituents of Concern, Media and Cleanup Goals
 (CHECK ALL THAT MAY APPLY)
 (CONTINUED)

RISC GUIDANCE

CONSTITUENTS OF CONCERN	MEDIA	Residential Default	Non-Residential Default	Nondefault	Undetermined
PCBs	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
PESTICIDES/ HERBICIDES	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
PETROLEUM	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
OTHER	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				

Local Drinking Water Supply: <table> <tr> <td></td> <td>Surface</td> <td>Groundwater</td> </tr> <tr> <td>Municipal</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Private/Residential</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Surface	Groundwater	Municipal	<input type="checkbox"/>	<input type="checkbox"/>	Private/Residential	<input type="checkbox"/>	<input type="checkbox"/>	Local Drinking Water Supply Distance From Facility: _____ Feet _____ Mile(s) Is the site in a designated Wellhead Protection Area? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the site in a designated Sole Source Aquifer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Surface	Groundwater								
Municipal	<input type="checkbox"/>	<input type="checkbox"/>								
Private/Residential	<input type="checkbox"/>	<input type="checkbox"/>								
Local Surface Water Bodies Near Facility: (check closest) <input type="checkbox"/> Wetland(s) <input type="checkbox"/> Stream(s) <input type="checkbox"/> River(s) <input type="checkbox"/> Lake(s) <input type="checkbox"/> Pond(s)	Local Surface Water Bodies Distance From Facility: _____ Feet _____ Mile(s)									

On- site Water Supply and Usage: <input type="checkbox"/> Well(s) - <input type="checkbox"/> Drinking <input type="checkbox"/> Production <input type="checkbox"/> Both <input type="checkbox"/> Municipal - <input type="checkbox"/> Drinking <input type="checkbox"/> Production <input type="checkbox"/> Both	Site Specific Depth to Groundwater: _____ feet <input type="checkbox"/> Currently Unknown Site Specific Principal Groundwater Flow Direction: <input type="checkbox"/> Unknown <input type="checkbox"/> NW <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W
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Chronological Summary and Conclusions:

Facility Operational History:

Past Spill History (If no incidents have occurred, please mark here ()):

Geologic Information:

Hydrogeologic Information:

Off-Site Migration & Pathways (if not impacted, please mark here ()); if unknown please mark here ()):

Miscellaneous Environmental Information:

☐ Previous Facility Study (please include Title, Author & Date): _____

☐ Other (please include Title, Author, and Date): _____

☐ U.S. Geological Survey ☐ State Reports ☐ Soil Conservation Service ☐ Past Voluntary Site Specific Data Collection
☐ Regulatory Reporting ☐ Other Governmental Agencies ☐ Other: _____

Do the conditions regarding hazardous substances or petroleum, as described in this application, constitute an imminent or substantial threat to human health or the environment? If so, please explain below: ☐ No ☐ Yes

Section 2 - Statement of Certification

Pursuant to Indiana Code 13-25-5-2, your application to the Voluntary Remediation Program (VRP) will be confidential until the Voluntary Remediation Agreement (VRA) is signed. At that time, the application will become public information. Any material submitted to or generated by the VRP after the issuance of the VRA will also be considered IDEM public record.

I, _____, do hereby attest and certify that the information included herein is, to the best
(Print or Type Name of Applicant)

of my knowledge and belief, accurate and complete.

Signature of Applicant

Date

Attachment Information:

This application **will not** be considered complete, and may be rejected, unless the following Attachments are included:

Attachment A: Please attach a *detailed* site map illustrating identified area(s) targeted for VRP efforts. For an explanation of a detailed site map, please see Attachment A instructions.

Attachment B: Provide a clean copy (without company headers, footers, or watermarks) of the legal description of the entire facility. If a portion of the facility is slated for remediation, then the area must be identified on an appropriate site map(s) and that area's legal description will have to be provided in either written or digital format (please include the facility street address, township, range, section, direction lines, distances, etc...). A professional survey or GPS collected UTM coordinates of the area can also be provided as supplemental information, or if currently not available, program participants must supply it in the Completion Report at the end of the project. This information will be reflected in the Certificate of Completion and Covenant Not to Sue.

Attachment C: Please check Application Form Instructions and provide the pertinent Facility Universal Transverse Mercator (UTM) coordinates information and include as Attachment C.

Attachment D: Additional pages from Section 3 (if applicable).

Section 3- Application Attachment Pages**CO-APPLICANT ATTACHMENT**

Pursuant to Indiana Code 13-25-5-2, this application to the Voluntary Remediation Program (VRP) will receive confidential treatment up until the Voluntary Remediation Agreement (VRA) is signed. Neither this application nor any information which comes from this application will be made available to the public until the VRA is signed. However, any material submitted to or generated by the VRP after the VRA is signed will be considered IDEM public record.

Section 1 - VRP Facility Declarations

Voluntary Remediation Applicant
(Name to appear on the Covenant Not To Sue)

Applicant-s Billing Contact
(If Same As Applicant, Please Mark Here ())

Applicant Name:		Owner Name:	
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone & Fax:		Phone & Fax:	
E-Mail:		E-Mail:	

VRP Project Name and Location

Applicant-s Technical Contact
(All Correspondence Will Be Sent to Person Identified)

Facility Name:		Company:	
Mailing Address:		Contact Person:	
City:		Mailing Address:	
Zip Code:		City, State, Zip:	
County:		Phone & Fax:	
EPA ID Number:		E-Mail:	

Pursuant to Indiana Code 13-25-5-2, your application to the Voluntary Remediation Program (VRP) will be confidential until the Voluntary Remediation Agreement (VRA) is signed. At that time, the application will become public information. Any material submitted to or generated by the VRP after the issuance of the VRA will also be considered IDEM public record.

I, _____, do hereby attest and certify that the information included herein is, to the best
(Print or Type Name of Applicant)

of my knowledge and belief, accurate and complete.

Signature of Applicant

Date

VOLUNTARY REMEDIATION PROGRAM

1. Does this site currently have any other VRP applications submitted/approved for this same site?

☐ Yes

☐ No

If yes, VRP Project Number(s)_____

VRP Project Manager(s):_____

2. Was this site the subject of a VRP project at anytime in the past? ☐ Yes ☐ No

If yes, VRP Project Number(s)_____

VRP Project Manager(s):_____

3. Please provide details below explaining why another application for this same site is/was necessary.

BROWNFIELDS PROGRAM

1. Is this site currently in IDEM-s Brownfields Program? ☐ Yes ☐ No
2. Has this site previously been in IDEM-s Brownfields Program ☐ Yes ☐ No
3. Is this Brownfields site to be addressed in the VRP? ☐ Yes ☐ No
4. If this site is to be addressed in the VRP, has the Brownfields Project Manager been notified in writing?
 ☐ Yes (if yes, please attach copy of the letter) ☐ No
5. Is this site going to make use of Brownfields money (grants, loans, assessment money, etc.)? ☐ Yes ☐ No
6. What is the Brownfield Project Number (if applicable)? _____
7. Who is the IDEM contact person and their phone number?
 IDEM Contact: _____
 Phone Number: _____
8. Please provide summary of the Brownfields issues below. (If applicable)

RCRA / CORRECTIVE ACTION

1. Are you interested in addressing RCRA Corrective Action Requirements for this source area through this VRP Project? ☐ Yes ☐ No

2. Has the RCRA Corrective Action Project Manager been notified in writing that a VRP application has been submitted to address this contamination? ☐ Yes ☐ No

3. What is the facility EPA ID number _____

4. What is the date of Notification of Hazardous Waste Activity? _____

5. Have you submitted a RCRA Part A application for Interim Status? ☐ Yes ☐ No

 If Yes, date: _____

6. Have you lost Interim Status or gone through an EPA Policy 121 closure for Mistaken and Protective Filings? ☐ Yes ☐ No

 If Yes, please attach a copy of the letter.

7. Does this facility have a RCRA Part B Operating Permit? ☐ Yes ☐ No

 If Yes, date issued: _____

 Expiration Date: _____

8. Have any permitted units undergone closure? ☐ Yes ☐ No

 Were those units cleaned closed? ☐ Yes ☐ No

 Were any land-based units closed in place? ☐ Yes ☐ No

 If Yes, check all boxes that are applicable:

☐ Lined (describe type of liner-_____)

☐ Unlined

☐ Capped (describe type of cap-_____)

☐ Not Capped

9. Is this facility currently under any enforcement action, Agreed Order, Commissioner-s Order, or any other type of required action by any government agency? ☐ Yes (if Yes, describe below) ☐ No

EMERGENCY RESPONSE / REMEDIAL RESPONSE PROGRAM

1. Has this spill / release been reported to IDEM? ☐ Yes ☐ No

If yes, what is the Spill Incident Number(s): _____

IDEM contact person(s): _____

Contact-s phone number: _____

2. Is this spill / release to be addressed in the VRP? ☐ Yes ☐ No

3. Has the IDEM contact person been notified in writing that this spill / release will be addressed in the VRP?

☐ Yes (if yes, please attach copy of the letter) ☐ No

4. If this spill / release is to be addressed in the VRP, please provide a summary of the spill / release below.

LEAKING UNDERGROUND STORAGE TANKS (LUST) & UNDERGROUND STORAGE TANKS (UST)

1. Is the UST(s) the source of the contamination to be addressed as part of the VRP? ☐ Yes ☐ No

2. Did / Does the UST contain petroleum products? ☐ Yes ☐ No

3. Is the UST regulated? ☐ Yes ☐ No

4. Has the regulated UST been registered with IDEM? ☐ Yes ☐ No ☐ N/A

 If yes, indicate the UST Facility I.D. Number: _____

5. Has a UST petroleum release ever been reported to IDEM? ☐ Yes ☐ No ☐ N/A

 If yes, indicate the LUST Incident Number: _____

6. Has the LUST section been notified in writing that you are applying to the VRP?

☐ Yes (if yes, please attach copy of the letter) ☐ No

7. Do you intend to apply for Excess Liability Trust Fund (ELTF) reimbursement with respect to this cleanup?

☐ Yes ☐ No ☐ N/A

8. If you have already applied for ELTF reimbursement, indicate ELTF number. _____

9. Please provide a summary of the site issues to be addressed below:

STATE CLEANUP SECTION

1. Is this site under an Agreed Order or Commissioner Order with IDEM? ☐ Yes ☐ No
2. What is the State Cleanup Project I.D. Number? _____
3. Is this State Cleanup site to be addressed in the VRP? ☐ Yes ☐ No
4. If this site is to be addressed in the VRP, has the State Cleanup Project Manager been notified in writing?
 ☐ Yes (if yes, please attach copy of the letter) ☐ No
5. Who is the State Cleanup Project Manager and what is their phone number?

Project Manager: _____

Phone Number: _____

6. Provide a summary of the site issues below.

OFFICE OF ENFORCEMENT (OE)

1. Is the site / facility that is subject to enforcement to be addressed in the VRP?

☐ Yes

☐ No (if No, skip all other questions on this page)

2. Is the site under any of the following types of enforcement:

Formal

Informal

☐ Notice of Violation

☐ Violation Letter

☐ Agreed Order

☐ Commissioner-s Order

3. What is the Case Number(s)? _____

4. Who is the OE contact person and what is their phone number?

Contact Name: _____

Phone Number: _____

5. If this enforcement site is to be addressed in the VRP, has the OE contact person been notified in writing?

☐ Yes (if yes, please attach copy of the letter)

☐ No

6. Provide a summary of the site issues to be addressed below.

OFFICE OF SOLID WASTE (LANDFILLS)

1. Is this a solid waste landfill Site? ☐ Yes ☐ No (If No, skip to question #7)
2. Is this landfill active? ☐ Yes ☐ No
 If Yes, what year did the landfill begin accepting waste? _____
3. Is this landfill inactive? ☐ Yes ☐ No
 If Yes, what year did the landfill begin accepting waste? _____
 If Yes, what year did the landfill cease accepting waste? _____
4. Is the landfill lined? ☐ Yes ☐ No
 If Yes, what type of liner does it have? _____
5. Is the landfill capped? ☐ Yes ☐ No
 If Yes, what material(s) is the cap constructed of? _____
6. Were hazardous or petroleum constituents placed into the landfill at any time? ☐ Yes ☐ No
7. What type of solid waste site is it and what does it contain? _____

8. Is this a solid waste permitted facility? ☐ Yes (If Yes, provide following information) ☐ No
 What is the facility ID #: _____
 Permit Type: _____
 Permit #: _____
 Date Issued: _____
 Date it expires: _____
 IDEM Solid Waste Contact (Name and Phone #) _____
9. Is this facility being required to conduct a cleanup by or under an enforcement action with any government agency? ☐ Yes ☐ No
 If Yes, provide details:

10. Has the solid waste contact person been notified in writing that a VRP application for this facility has been submitted?
 ☐ Yes (If Yes, attach a copy of this letter) ☐ No

SITE INVESTIGATIONS (SI)

1. Is this site currently in IDEM's Site Investigation Program? ☐ Yes ☐ No
2. Has this site previously been in IDEM's Site Investigation Program? ☐ Yes ☐ No
3. Is this Site Investigation issue to be addressed in VRP? ☐ Yes ☐ No
4. If this site is to be addressed in the VRP, has the Site Investigation Project Manager been notified in writing? ☐ Yes (if yes, please attach copy of the letter) ☐ No
5. What is the EPA ID Number for this site (if applicable)? _____
6. What is the name and address of this site?

7. Who is the IDEM contact person and their phone number?

IDEM Contact: _____

IDEM Number: _____

8. Please provide summary of the Site Investigation issues below. (If applicable)
